



2012 – 2013  
ARIZONA HIGHLY QUALIFIED ATTESTATION FORM  
SPECIAL EDUCATION: Teacher of Record (K- 6<sup>th</sup> Grade)

Pursuant to requirements mandated by H.R. 1350, Sec. 602 – Individuals with Disabilities Education Improvement Act of 2004. To be completed by Special Education Teachers who are the teacher of record for students in K-6<sup>th</sup> grade.

Name:		SSN (last 4 digits):	
School:		LEA:	
Teacher Work Email:		School Start Date: (mm/yyyy)	

(Date teacher **first** began working at this school site)

***A teacher of record directly instructs, evaluates and assigns grades for core academic subjects).***

1. Holds a bachelor's degree

**AND**

2. Holds a valid Arizona Special Education Certificate (A.R.S. §15-502.B) – intern, provisional, reciprocal or standard (including charter schools)

Disability Area(s) Listed on Certificate: \_\_\_\_\_

**AND**

3. Current Teaching Assignment:

\_\_\_\_\_  
Grade(s)

\_\_\_\_\_  
Disability Area(s)

\_\_\_\_\_  
# of Periods Taught in this Core Content Area

**Please check only ONE option below:**

- a. ☐ Passed the Elementary Education Subject Knowledge AEPA exam # 01 **OR**
- b. ☐ Passed the Early Childhood Subject Knowledge AEPA exam #36 (covers K-3 only) **OR**
- c. ☐ HQ Teacher Reciprocity- Has an out-of-state reciprocal exam (documentation required) **OR**
- d. ☐ Earned a minimum of 100 points on the AZ HOUSSE for Veteran Teachers Returning to the Profession – Elementary Education (documentation required) **OR**
- e. ☐ Earned a minimum of 100 points on the AZ HOUSSE for Special Education Teachers- Elementary content, completed no later than June 30, 2007 (documentation required). An existing rubric may be utilized by teachers continuing or returning to teach in this content area **OR**
- f. ☐ HQ Teacher Reciprocity- Has an out-of-state reciprocal HOUSSE rubric (with supporting documentation)

*If you met the requirements for 1, 2, and 3 (including 3a, 3b, 3c, 3d, 3e or 3f), under federal guidelines, you are considered **highly qualified**.*

☐ **Highly Qualified Teacher**

☐ **Non-Highly Qualified Teacher**

I attest to the factual completion of this evaluation.

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Principal

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date